



# RLF-ED Program Webinar

October 10 and 11, 2017

# Areas of Discussion

- RLF-ED Compliance Report
- Self-Certification Forms
- Marketing the RLF-ED Program

# RLF-ED Compliance Report

# Submission Information

Submit report and supporting information by  
Wednesday November 15, 2017

To:

[DOADECRCCommunityDevelopment@wisconsin.gov](mailto:DOADECRCCommunityDevelopment@wisconsin.gov)

Any time a document is submitted to DOA, please make sure the UGLG's name is in the Subject line of email and is in the document's name. For example: Brown Cty 3-31-2017 RLF-ED Compliance Rpt or Brown County 2017 Self Certs

# Required Documents to Submit

- 9/30/2017 RLF–ED Compliance Report
- 9/30/2017 Bank Statement(s); Money Market Statement(s); Investment Statement(s)
- General Ledger covering the period 4/1/2017 through 9/30/2017
- 9/30/2017 Balance Sheet or General Ledger that has the balance of each RLF–ED loan
- Documentation of administrative expenses
- Employee Self–Certification forms for projects that have completed their performance period

# Employee Self- Certification Forms

# Employee Self Certification Forms

- The forms can be found at:

<http://www.doa.state.wi.us/Divisions/Housing/Bureau-of-Community-Development/Employee-Self-Certification>

- Continue to use the 2017 forms until DEHCR provides 2018 forms



# Employee Self Certification Forms

**EMPLOYER/LOCAL GOVERNMENT USE ONLY (ALL SECTIONS ARE MANDATORY)**

**Position Details**

Full Time     Part Time (FTE: \_\_\_\_\_)     Employer-Sponsored Healthcare Plan Offered

**Position Class**

<input type="checkbox"/> Official/Manager	<input type="checkbox"/> Professional	<input type="checkbox"/> Office/Clerical
<input type="checkbox"/> Sales	<input type="checkbox"/> Technician	<input type="checkbox"/> Craft Worker/Skilled
<input type="checkbox"/> Operative/Semiskilled	<input type="checkbox"/> Laborer/Unskilled	<input type="checkbox"/> Service Worker

**Date Hired:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Employee Self Certification Summary Form

- Collect payroll from business to verify employment at end of performance period
- Remove any self certifications forms from employees who left prior to end of performance period.
- Only submit self certification forms at the end of the performance period
- Summarize self certification data on the summary form.

# Employee Self Certification Summary Form

REPORTING PERIOD ENDED: (choose one)

Semi-Annual Report: October 1, 20\_\_ to March 31, 20\_\_

Semi-Annual Report: April 1, 20\_\_ to September 30, 20\_\_

Final Summary Report: Project Start Date \_\_ to Project End Date \_\_

<b>BASELINE JOB NUMBER</b>	<input type="text"/>
<b>TOTAL JOBS CREATED</b>	<input type="text"/>
<b>TOTAL WORKFORCE (BASELINE + CREATED)</b>	<input type="text"/>

## EMPLOYEE RACE FOR JOBS CREATED

Single Race	Total Number	Number Hispanic	Multi-Racial	Total Number	Number Hispanic
WHITE	<input type="text"/>	<input type="text"/>	AMERICAN INDIAN/ALASKAN NATIVE & WHITE	<input type="text"/>	<input type="text"/>
BLACK/AFRICAN AMERICAN	<input type="text"/>	<input type="text"/>	ASIAN & WHITE	<input type="text"/>	<input type="text"/>
ASIAN	<input type="text"/>	<input type="text"/>	BLACK/AFRICAN AMERICAN & WHITE	<input type="text"/>	<input type="text"/>
AMERICAN INDIAN/ALASKAN NATIVE	<input type="text"/>	<input type="text"/>	AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN	<input type="text"/>	<input type="text"/>
NATIVE HAWAIIAN/PACIFIC ISLANDER	<input type="text"/>	<input type="text"/>	OTHER MULTI-RACIAL	<input type="text"/>	<input type="text"/>
OTHER	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

## INFORMATION ON POSITIONS CREATED

CLASSIFICATION	TOTAL CREATED
OFFICIALS/MANAGERS	<input type="text"/>
SALES	<input type="text"/>
OPERATIVES (SEMI-SKILLED)	<input type="text"/>
PROFESSIONALS	<input type="text"/>
TECHNICIANS	<input type="text"/>
LABORERS (UNSKILLED)	<input type="text"/>
OFFICE/CLERICAL	<input type="text"/>
CRAFT WORKERS (SKILLED)	<input type="text"/>
SERVICE WORKERS	<input type="text"/>
<b>TOTAL CREATED</b>	<input type="text"/>

# Employee Self Certification Summary Form

1. Have new positions been provided employer sponsored health care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have position openings been posted with the WI Department of Workforce Development or local employment agency per your Application with DEHCR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have any new positions been filled by individuals that were previously unemployed?  If yes, please provide the number:	YES <input type="checkbox"/>	NO <input type="checkbox"/>  <input type="checkbox"/>

Please provide the family income breakdown of employees that corresponds with Question 1 of Employee Self-Certification Form.

A (VERY LOW)	B (LOW)	C (MODERATE)	D (ABOVE LMI LIMITS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REMINDER:** Submit supporting documentation (completed Employee Self-Certifications) with **each** Semi-Annual Report submission. If submitting the **final** CDBG Project Employee Self-Certification report, also include the payroll record from the business to confirm current employment status of each employee.

REPORT CERTIFICATION	
I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual Employee Self-Certification forms are attached as supporting documentation.	
_____ Signature of Chief Elected Official	_____ Date Signed
<input type="checkbox"/> _____ Printed Name of Chief Elected Official	<input type="checkbox"/> _____ Title of Chief Elected Official
<input type="checkbox"/> _____ Email Address of Chief Elected Official	<input type="checkbox"/> _____ Telephone Number of Chief Elected Official

# Marketing the RLF-ED Program

# Marketing your RLF Program

- Contact your local lenders
- Outreach to businesses
- Educate your local elected officials
- Discussions with county or regional organizations

# RLF-ED Utilization

- If you're not actively making loans consider giving it back to the State of Wisconsin
- Would eliminate semi-annual reporting and webinar attendance requirements
- Still eligible to apply for CDBG-ED funds and could recapitalize an RLF-ED in the future

# Path to CDBG Implementation Handbook

<http://www.doa.state.wi.us/Divisions/Housing/Bureau-of-Community-Development/CDBG-PF-Program-Overview/#handbook>

# Path to Prior PowerPoint slides and webinars

<http://www.doa.state.wi.us/Divisions/Housing/Training/Training-Archive>

**QUESTIONS?**